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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/EP03/06146 06/12/2003

**** FOREIGN APPLICATIONS *******

GERMANY 10230558.7 07/05/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY GERMANY	SHEETS DRAWING	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3

ADDRESS

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TITLE

Combination therapy and means for carrying out said therapy

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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